



**District of Columbia Department of Health
Addiction Prevention and Recovery Administration
Access to Recovery (ATR) Program Certification Regulations**

29-2368. ACCESS TO RECOVERY PROGRAM

2368.1 A provider intending to provide recovery support services under this section shall submit an application on a form approved by the Director. The certification provided under this section shall be in addition to certification under this chapter for substance abuse treatment services if the provider currently offers or intends to offer substance abuse treatment services. The application shall include the following information:

- (a) Evidence of a valid Certificate of Occupancy and other government certifications necessary for the specific services the provider intends to provide;
- (b) A current organizational chart;
- (c) A list of the specific recovery support services the provider intends to provide for each target population;
- (d) A physical description of the facility where services are to be provided;
- (e) A description of the provider's staffing capacity including:
 - (1) Total number of staff providing recovery support services;
 - (2) Client to staff ratio;
 - (3) Number of program clients the provider can serve;
 - (4) Language fluency of the staff; and
 - (5) Minimum qualifications, experience, and training required of staff;
- (f) A description of the provider's program operations including staffing, location, and days and hours of operation;
- (g) The specific qualifications, licensure, training, experience and certification of the staff providing recovery support services; and
- (h) Documentation of the following:
 - (1) Organization mission statement;
 - (2) Organization directors or governing members;
 - (3) Policies and procedures;
 - (4) Organization code of ethics;
 - (5) Risk management strategy, including liability insurance;
 - (6) Consent form for services to be rendered;
 - (7) Statement of confidentiality; and
 - (8) Financial infrastructure of the organization.

29-2353. RECORDS MANAGEMENT - STANDARDS FOR CONFIDENTIALITY.

2353.1 All patient records shall be kept confidential and shall be handled in compliance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records.

2353.2 A facility or program shall ensure that all staff and patients, as part of their orientation, are made aware of these requirements.

2353.3 A decision to disclose patient information under any provisions of District or federal rules that permit such disclosure shall be made only by the facility or program director or his/her designee with appropriately administered consent procedures.

29-2354. RECORDS MANAGEMENT - STANDARDS FOR PATIENT RECORDS MAINTENANCE AND REPORTING.

2354.1 A substance abuse treatment facility or program shall maintain an organized record of each patient served in a secured manner.

2354.2 The substance abuse treatment facility or program director shall designate a staff member to be responsible for the maintenance and administration of records.

2354.3 The facility or program shall arrange and store records according to a uniform system approved by the Department.

2354.4 The facility or program shall maintain records readily accessible for use and review by authorized staff and other authorized parties.

2354.5 The facility or program shall organize the content of records so that information can be located easily and surveys and audits by the Department can be conducted with reasonable efficiency.

2354.6 The facility or program shall be linked to the systems in the Department to allow retrieval of electronic data including but not limited to outcomes of care, in a secured environment with the consent of the patient as required.

2354.7 The facility or program shall participate in the Department's central registry of programs and facilities and registry of patients receiving substance abuse treatment.

2354.8 At a minimum, all patient records shall include:

- (a) Documentation of the referral and initial screening interview and its findings;
- (b) The individual's consent to treatment;
- (c) Orientation to the program's services, rules, confidentiality, and patient's rights;
- (d) Confidentiality forms;
- (e) Diagnostic interview and record;
- (f) Evaluation of medical needs and as applicable, medication intake sheets and special diets which shall include:
 - (1) Documentation of physician's orders for medication and treatment, change of orders and/or special treatment evaluation; and
 - (2) For drugs prescribed following admissions, the patient's record showing any prescribed drug product by name, dosage and strength, as well as date(s) medication was administered, discontinued or changed;
- (g) The assessment findings of the addiction counselor and community support worker;
- (h) Individual rehabilitation plan and updates;
- (i) Progress notes;
- (j) Documentation of all services provided to the patient as well as activities directly related to the individual rehabilitation plan;
- (k) Documentation of missed appointments and efforts to contact and re-engage the patient;
- (l) Releases signed to permit the facility to obtain and/or release information;
- (m) Documentation of all referrals to other agencies and the outcome of such referrals;
- (n) Documentation establishing all attempts to acquire necessary and relevant information from other sources;
- (o) Pertinent information reported by the patient, family members or significant others regarding a change in the individual's condition and/or an unusual or unexpected occurrence in the patient's life;
- (p) Drug tests and incidents of drug use;
- (q) Annual assessment and related documentation, where applicable;

- (r) Discharge summary and aftercare plan;
- (s) Signatures of client, counselor and clinical supervisor; and
- (t) Outcomes of care and follow-up data concerning outcomes of care.

29-2355. RECORDS MANAGEMENT - STANDARDS FOR STORAGE AND RETENTION OF PATIENT RECORDS.

2355.1 A substance abuse treatment facility or program shall retain patient records (either original or accurate reproductions) for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved.

2355.2 Records of minors shall be kept for at least five (5) years after such minor has reached the age of eighteen (18) years.

2355.3 Each facility or program shall place a copy of the "Rights of Patients" statement, signed by the patient, in the patient's record.

2355.4 The patient or legal guardian shall also be given a written statement concerning patient's rights and responsibilities in the program. The patient or guardian, attesting to his or her shall sign the statement understanding of these rights and responsibilities as explained by the staff person who shall witness the client's signature. This document shall be placed in the patient's record.

2355.5 If the records of a facility or program are maintained on computer systems, the database shall:

- (a) Have a backup system to safeguard the records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations;
- (b) Identify the name of the person making each entry into the record;
- (c) Be secure from inadvertent or unauthorized access to records in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records; and
- (d) Limit access to providers who are involved in the care of the patient and who have permission from the patient to access the record, and create an electronic trail when data is released.

2355.6 A substance abuse treatment facility or program shall abide by federal laws and regulations concerning the confidentiality of records in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records.

2355.7 A substance abuse treatment facility or program shall maintain records in a manner that safeguards confidentiality in the following manner:

- (a) Records shall be stored with access controlled and limited to authorized staff and authorized agents of the Department;
- (b) Written records that are not in use shall be maintained in either a secured room, locked file cabinet, safe, or other similar container; and
- (c) The facility or program shall implement policies and procedures that govern patient access to their own records.

2355.8 The policies and procedures of a substance abuse treatment facility or program shall not restrict a patient's access to their record or information in the record.

2355.9 The policies and procedures of a substance abuse treatment facility or program shall specify that a staff member must be present whenever a patient accesses his or her records. If the patient disagrees with statements in the record, the patient's objections shall be written in the record.

2355.10 All staff entries into the record shall be clear, complete, accurate and recorded in a timely fashion.

2355.11 All entries shall be dated and authenticated by the recorder with full signature and title.

2355.12 All entries shall be typewritten or legibly written in indelible ink that will not deteriorate from photocopying.

2355.13 Any documentation error shall be marked through with a single line and initialed and dated by the recorder.

2355.14 Limited use of symbols and abbreviations shall be pre-approved by the facility or program and accompanied by an explanatory legend.

2355.15 For all facility or program services, the record shall document the following for each service episode:

- (a) Name of service rendered and a synopsis of the service activity;
- (b) The date and actual beginning and ending time the service was rendered;
- (c) Legible signature and title of person who rendered the service;
- (d) Location in which the services were rendered if other than the facility or program site; and
- (e) The relationship of the services to the rehabilitation treatment plan.

2355.16 The service episode note documenting family therapy shall clearly state the relationship of the participant(s) to the patient.

2355.17 For each group session, a group log shall document the type of service, date, actual beginning and ending time, attendance and the signature and title of the staff member providing the service.

2355.18 A substance abuse treatment facility or program shall have a written policy for conducting periodic record reviews to evaluate completeness, accuracy, and timeliness of entries.

29-2315. ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION - FISCAL MANAGEMENT STANDARDS.

2315.1 The facility or program shall have adequate financial resources for the program or facility to deliver all required services. Evidence of adequate financial resources includes but is not limited to:

- (a) Documented evidence of adequate resources to operate its programs or facilities; or,
- (b) A minimum line of credit sufficient to support ninety (90) days of operating expenses.

2315.2 A substance abuse treatment facility or program shall have fiscal management policies and procedures in accordance with generally accepted accounting principles.

2315.3 All financial records shall be kept according to generally accepted accounting principles (GAAP).

2315.4 A substance abuse treatment facility or program shall include adequate internal controls for safeguarding or avoiding misuse of patient or organizational funds.

2315.5 A substance abuse treatment facility or program shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:

- (a) Categorize revenue by source;
- (b) Categorize expenses by types of services;
- (c) Estimate costs by unit of service; and
- (d) Be reviewed and approved by the governing authority prior to the beginning of the current fiscal year;

2315.6 A substance abuse treatment facility or program shall have the capacity to determine direct and indirect costs for each type of service provided.

2315.7 If a facility or program charges for services, the written schedule of rates and charges shall be conspicuously posted and available to staff, patients and the general public.

2315.8 The current schedule of rates and charges shall be approved by the governing authority.

2315.9 A substance abuse treatment facility or program shall maintain a reporting mechanism that provides at least quarterly information on the fiscal performance of the facility or program.

2315.10 Fiscal reports shall provide information on the relationship of the budget to actual spending including revenues and expenses by category and an explanation of the reasons for any substantial variance.

2315.11 Fiscal reports shall be available to the staff and governing authority that has responsibility for budget and management.

2315.12 The governing body shall review each fiscal report and document recommendations and actions in its official minutes.

2315.13 An independent certified public accountant shall conduct an audit triennially of the fiscal operations. The audit report and management letter shall be sent to the Department by the 31st day of March in the year following the audit period.

2315.14 The facility or program shall correct or resolve adverse audit findings following approval by the governing body.

2315.15 A substance abuse treatment facility or program shall have policies and procedures regarding:

(a) Purchase authority, product selection and evaluation, property control and supply, storage, and distribution;

(b) Billing;

(c) Controlling accounts receivable;

(d) Handling cash;

(e) Management of client fund accounts;

(f) Arranging credit; and

(g) Applying discounts and write-offs.

2315.16 Fiscal records shall be retained for at least five (5) years or until all litigation or adverse audit findings, or both, are resolved.

2315.17 A facility or program shall maintain insurance coverage.

2315.18 If a facility or program handles client funds, financial record keeping shall provide for separate accounting of patient funds.

2315.19 A facility or program shall ensure that patients employed by the organization are paid in compliance with all applicable laws governing labor and employment.

2315.20 All money earned by a patient shall accrue to the sole benefit of that individual.

29-2322. ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT - FACILITY ENVIRONMENT AND SAFETY STANDARDS.

2322.1 A substance abuse treatment facility or program shall establish and maintain a safe environment for its operation and shall take usual and reasonable precautions to preserve the safety of persons who participate in off-site locations.

2322.2 All buildings used for programmatic activities shall meet applicable District fire safety and health requirements.

2322.3 All buildings used by the facility or program shall be inspected annually by the District's Fire Department, as required by District law or regulation, for the purpose of fire prevention.

2322.4 A substance abuse treatment facility or program shall maintain documentation of all inspections and corrections of all cited deficiencies.

2322.5 A substance abuse facility or program shall submit to the Department at the time of an initial application and whenever modifications are made, verification of compliance with the 1996 Building Officials and Code Administrators (BOCA) Codes and 1999 D.C. Supplements to the National Mechanical BOCA Code, National Plumbing Code, National Electrical Code, National Elevator Code, and the National Building Code.

2322.6 A substance abuse facility or program shall maintain a safe, clean environment free of infestation and in good physical condition.

2322.7 A substance abuse treatment facility or program shall provide comfortable lighting, ventilation, and moisture and temperature control. Rooms shall be dry and the temperature shall be

maintained within a normal comfort range, including bedrooms and activity rooms below ground level.

2322.8 A substance abuse treatment facility or program design and structure shall be sufficient to accommodate staff, participants, and functions of the program, and shall make available the following:

- (a) A reception area;
- (b) Private areas for individual counseling defined as a private office;
- (c) A private area(s) for group counseling and other group activities;
- (d) An area(s) for indoor social and recreational activities as required for the level of care offered;
- (e) An area(s) for dining, if applicable; and
- (f) Separate bathrooms and/or toilet facilities for each sex where the:
 - (1) Required path of travel to the bathroom shall not be through another bedroom;
 - (2) Windows and doors provide privacy; and
 - (3) Showers and toilets not intended for individual use provide privacy.
- (g) Beds that are clean, comfortable and equipped with a mattress, pillow, blanket(s), and bed linens, for programs and facilities offering overnight stays.

2322.9 A facility or program that provides overnight accommodations shall not operate more beds than the number for which it is certified.

2322.10 A facility or program that provides overnight accommodations shall obtain written authorization from the Department prior to increasing in its bed capacity.

2322.11 If activity space is used for other purposes not related to the facility's or program's mission, the facility or program shall ensure that:

- (a) The quality of the services are not reduced; and
- (b) Activity space in use by other programs shall not be counted as part of the required activity space.

2322.12 The use of appliances such as televisions, radios, CD players, recorders and other electronic devices shall not interfere with the therapeutic program.

2322.13 A substance abuse treatment facility or program shall maintain fire safety equipment and practices to protect all occupants.

2322.14 Fire extinguishers shall be clearly visible, maintained with a charge, and inspected annually by a qualified service company or trained staff member.

2322.15 The means of egress shall be free of any item that would obstruct the exit route.

2322.16 A substance abuse treatment facility or program shall take necessary measures to ensure pest control. Refuse shall be stored in covered containers that do not create a nuisance or health hazard. Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.

2322.17 A substance abuse treatment facility or program shall take necessary measures to prevent, identify and control infections. These measures shall include methods for determining the incidence of infection among consumers and personnel and protocols for proper treatment.

2322.18 A substance abuse treatment facility or program shall maintain an adequately supplied first-aid kit.

2322.19 There shall be at least one staff member on duty at each service site who holds a current certificate, issued by a recognized authority, in basic first aid and cardiopulmonary resuscitation, or emergency medical training.

2322.20 A substance abuse treatment facility or program shall post emergency numbers near its telephones for fire, police and poison control.

2322.21 A substance abuse treatment facility or program shall have an interim plan addressing safety and continued service delivery for new construction or for conversion, structural modifications or additions to existing buildings.

2322.22 A substance abuse treatment facility or program shall maintain compliance with the federal Americans with Disabilities Act of 1990 (ADA), approved July 26, 1990 (*104 Stat. 327; 42 U.S.C. § 1210 et seq.*).

29-2323. ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT - VEHICLE ENVIRONMENT AND SAFETY STANDARDS.

2323.1 A substance abuse treatment facility or program shall implement measures to ensure the safe operation of its transportation service, if applicable. These measures shall include, but are not limited to:

- (a) Automobile insurance with adequate liability coverage;
- (b) Regular inspection and maintenance of vehicles as required by law;
- (c) Adequate first aid supplies and fire suppression equipment secured in the vehicles;
- (d) Training of vehicle operators in emergency procedures and in the handling of accidents and road emergencies; and
- (e) Verification to ensure that vehicles are operated by properly licensed drivers with driving records that are absent of serious moving violations, including but not limited to, "Driving Under the Influence" (DUI).

29-2325. ADMINISTRATIVE SERVICES - FOOD AND NUTRITION STANDARDS.

2325.1 All patients shall have a nutritional assessment within three (3) days of admission if admitted to a treatment facility or program that provides food service and prepares and serves food.

2325.2 All treatment facilities or programs that provide food service that includes preparing and serving food shall comply with the District of Columbia Food Code.

2325.3 A contractor or other source providing food to a treatment facility or program that serves food to patients shall comply with all applicable District laws and regulations concerning the storage, preparation, and serving of food.

2325.4 Nutritional services shall include:

- (a) Review and approval of menus;
- (b) Education for individuals with nutrition deficiencies or special needs; and
- (c) Coordination with medical personnel as appropriate.

2325.5 Nutritional services may only be provided and rendered by a licensed dietician or licensed nutritionist, a copy of whose current license shall be maintained on file.

2325.6 A substance abuse treatment facility or program providing meals shall implement written plans to meet the dietary needs of its patients, ensuring access to nourishing, well-balanced, healthful meals.

2325.7 In addition to meeting dietary needs, a substance abuse treatment facility or program shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the clients.

2325.8 The written dietary plan shall identify the methods and parties responsible for food procurement, storage, inventory and preparation, and the procurement of commodity and other supplemental foods and food stamps, where applicable.

2325.9 The written dietary plan shall ensure special provisions for individuals unable to have a regular diet as follows:

- (a) Providing clinical diets for medical reasons when necessary;
- (b) Recording clinical diets in the record;
- (c) Providing special diets for patients' cultural and personal preferences; and
- (d) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.

2325.10 If appropriate, a substance abuse treatment facility or program shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an outside facility, in which case the outside facility must maintain a fully equipped and supplied code-compliant kitchen.

2325.11 A substance abuse treatment facility or program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.

2325.12 A substance abuse treatment facility or program shall provide meals and snacks including fresh fruit for the hours of operation and the population served as recommended by the most re-cent edition of the Manual of Clinical Dietetics developed by the American Dietetic Association.

2325.13 Meals shall be served in a pleasant, relaxed dining area. The dining area shall accommodate families and children.

2325.14 Meals shall be scheduled so as to have no more than fourteen (14) hours between a substantial dinner meal and breakfast.